

WASHINGTON ATHLETIC CLUB®
**FITNESS
ADVANTAGE**

NAME (PLEASE PRINT): _____ MEMBER NUMBER: _____

MONTH TO START: _____

JUNIOR FITNESS ADVANTAGE: \$35/month \$10/day

Full access to Coed and Men's or Women's fitness areas and all regularly scheduled group classes or Get Fit classes. Junior members ages 12–15 must complete a fitness orientation prior to using WAC fitness areas.

Please note: *Guests under the age of 18 are not permitted in fitness areas.*

Coed Fitness		Men's Fitness & Women's Fitness	
Monday–Friday	5 am–10 pm	Monday–Friday	2 pm–4:30 pm
Saturday	6 am–7 pm	Saturday	7 am–7:30 pm
Sunday	7 am–6 pm	Sunday	7 am–6:30 pm

CANCELLATIONS: All cancellations must be received via the online request form by the 25th of each month to take effect on the first of the following month. An email confirmation of your cancellation will be sent to you. No refunds will be issued for cancellations received after the first of the month.

I have read and understand the cancellation process. (Please initial) _____

AGREEMENT TO USE WAC FACILITIES AND SERVICES:

As a member of the Washington Athletic Club (WAC) I acknowledge that in consideration of my membership rights, including the right to use the facilities and services made available by the WAC, I accept the facilities and services "as is" and agree that my use of the WAC's facilities and services will be undertaken at my own sole risk. I am physically and otherwise able to participate in all activities that I engage in through the WAC.

I shall not hold the WAC liable for any injuries or damage to my person or property, or that of my family or guests, arising out of any use of the WAC's facilities or services, whether or not resulting from acts of negligence on the part of the WAC, its employees or agents. I also personally and on behalf of my executors, administrators, successors and assigns expressly **RELEASE AND DISCHARGE** the WAC, its employees, agents and assigns from all such claims. I also agree to **INDEMNIFY** the WAC for any such claims brought by me or on behalf of me, my family or my guests, including its attorney's fees. This **RELEASE** and **INDEMNITY** agreement does not include claims for gross negligence.

I understand that the WAC shall not be responsible for any of my property, or the property of my family or guests, that is lost, damaged or stolen at the WAC. Should any part of this agreement be declared invalid by a court it will not invalidate the remaining portions, which shall remain in full force and effect.

EMAIL ADDRESS: _____

PARENT/MEMBER SIGNATURE: _____ DATE: _____

MEDICAL EMERGENCY CONTACT INFORMATION: Please list the name and phone number of a parent, relative, friend or doctor we can contact in the event of an accident or emergency.

NAME: _____ TELEPHONE NUMBER: _____

